



PATENT
Att'y Docket No. ROWE/03/124
Confirmation No. 5179

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: February 22, 2005.


Douglas A. Scholer

Reg. No. 52,197

2/22/05
DATE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James M. Campos Art Unit: 3762
Serial No.: 10/ 047,745 Examiner: Kennedy Schaetzle
Filed : January 15, 2002
For : RESONANT MUSCLE STIMULATOR

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment and Response.
2. Small Entity status for this application has been previously requested and is still proper.
 Enclosed is a verified statement to establish Small Entity status
 Other than a Small Entity

3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	56	minus	59	0	\$25	\$0.00
Independent Claims	4	minus	5	0	\$100	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$180	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

No additional fee for claims is required.

4. Attached is a check in the sum of \$_____ for additional claims.
 Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

(a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input checked="" type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$ 225.00
<input type="checkbox"/>	three months	\$1,020.00	\$ 510.00
<input type="checkbox"/>	four months	\$1,590.00	\$ 795.00
<input type="checkbox"/>	five months	\$2,160.00	\$1,080.00

Extension fee due with this request: \$ 60.00

Method of Payment: Check enclosed in the amount of \$ 60.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension for ____ months has already been secured and the fee paid thereof of \$____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$____.

OR

(b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

6. If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By: 
Douglas A. Scholer
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Enclosed:

Amendment Transmittal (in duplicate) containing Certificate of Mailing under 37 C.F.R. 1.8
Amendment and Response

Replacement Drawing Sheet for Figs. 12A-C

Annotated Sheet Showing Changes to Figs. 12A-C

Check for \$60.00 for a One-Month Extension of Time Fees

Reply Postcard